

**Note: This is a sample
template, it is not
an OMB approved
form.**

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Central Oklahoma Telephone Co.

Service Provider Name

Central Oklahoma Telephone Co.

Company Address, City, State, Zip

223 Broadway, P.O.Box 789

Davenport, Oklahoma 74026

Service Provider Type

Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Steve Guest

Contact Tel #

918-377-2241

Fax #

918-377-2506

E-mail Address

staff@cotc.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):
Lincoln County, Oklahoma
Payne County, Oklahoma
Okfuskee County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

There are currently no designated PSAP's operating in the areas covered by this report. Lincoln county has not approved countywide 911 and no vote is planned. Okfuskee county has approved countywide 911 but will not be in operation for another 12 to 18 months. Payne county has a countywide 911 vote planned for April of 2002.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

A statewide industry trade group representing the company has notified the Governor's office that no local authority has been designated for the areas covered by this report. The company is awaiting a response from the Governor's office at this time. Central Oklahoma is able and ready to route 911 calls to a PSAP if and when a designated PSAP is identified.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Not known until PSAP's are identified.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

No PSAP's have been designated for Central Oklahoma Telephone's exchanges.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative Steve Guest

Title President

Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.